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/E	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005				Complete if Known				
PE VO					Application Num	ber	10/785,005-Conf. #9742		
٠. ٧					Filing Date		February 25, 2004		
AUG 1 7 2005					First Named Inventor		Shigeru Fujita		
AUG 1					Examiner Name		T. X. Le		
.91	Applicant claims small entity status. See 37 CFR 1.27				7 U. C. III.		2814		
CATENT & TRADER	TOTAL AMOUNT OF PAYMENT (\$) 910.00				Attorney Docket No. SON-2612			<u>′ </u>	
	METHOD OF F	PAYMENT (check all	that apply)					-	
	Check	Credit Card	Money Order	Nor	ne Other (olease ident	ify):		
-	X Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Ų	x Charge fee(s) indicated below Charge fee(s) indicated below, e.							cept for th	e filing fee
	Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION								
	1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	Application Typ		IG FEES Small Entity Fee (\$)	SE/	ARCH FEES Small Entity Fee (\$)	EXAMIN Fee (\$)	IATION FEES Small Entity Fee (\$)	Fees P	aid (\$)
	Utility	300	150	500	250	200	100		
	Design	200	100	100	50	130	65		
	Plant	200	100	300	150	160	80		
	Reissue	300	150	500	250	600	300		
	Provisional	200	100	0	0	0	0		
	2. EXCESS CLAI	M FEES							Small Entity
	Fee Description	00 (i.e. di.e. p. di.e. e.	- \					Fee (\$)	Fee (\$)
		20 (including Reissues t claim over 3 (includi						50 200	25 100
	-		ing (Cissues)					360	180
	Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) <u>Multiple Depend</u>								100
	Total Claims Extra Claims Fee (\$) Fee Paid (\$)					Fee (\$) Fee Paid (\$))
									<u>.</u>
	Indep. Claims		Fee (\$)	Fee F	Paid (\$)				
		= X _							
		on and drawings exce r 37 CFR 1.52(e)), the)
		etion thereof. See 35 U				or sinuit ci	iaty) for cach a	ddinoimi o o	
	Total Sheets	Extra Sheets	•		dditional 50 or frac			<u>Fee F</u>	Paid (\$)
	100 = /50 (round up to a whole number) x 4. OTHER FEE(S)							Fees	Paid (\$)
) Specification, \$130 fo	ee (no small enti	tv disc	ount)			1 663	ala (V)
	_	te filing surcharge):/1	251 Extension	for res	sponse within fir		\		0.00
		$\frac{1}{\sqrt{\frac{1}{2}}}$	BUT Request f	or con	inued examinat	ion (RCE) (see 3/	79	0.00
	SUBMITTED BY		- Y						
	Signaturę				Registration No. (Attorney/Agent)	24,104	Telephone	(202) 955	5-3750
	Name (Print/Type)	Date			August 17, 2005				